

Goddard Space Flight Center Move List



1. Customer/Move Information

Move Coordinator Name: ▶	Code: ▶	Phone: ▶	Email: ▶
Customer Name: ▶	Code: ▶	Phone: ▶	Email: ▶
Funding Code: ▶	Move Date Required: ▶	Number of Customers Moved on this Sheet: ▶	

2. Funding Information

Cost Center: ▶	WBS Structure (UPN): ▶	Internal Order (NASA Function Code): ▶
SAP Object Class: ▶	Fund (Fund Source + PY): ▶	Resource Analyst: ▶

From		To		Furniture & Equipment Itemized <small>For Loss/Damage Claims, please annotate with an asterisk any single item valued \$5,000 or more.</small>	Furniture Type	Remarks <small>Special handling (Dimension/Weight for unusual items, Hazardous Materials)</small>
Bldg.	Room	Bldg.	Room			
					System Modular Other	
					System Modular Other	
					System Modular Other	
					System Modular Other	
					System Modular Other	
					System Modular Other	
					System Modular Other	
					System Modular Other	
					System Modular Other	Note: All loss/damage Claims must be reported to the Code 279 Office Moves Coordinator within five (5) working days of move date completion. ACKNOWLEDGED
					System Modular Other	

3. Code 279 Office Use Only

Date Received: ▶	Date Scheduled: ▶	Faxed to Vendor: ▶
Move Number: ▶	Estimated Cost: ▶	Actual Cost: ▶

Please send this Move List to Margareta Davis-Hall via email: Margareta.L.Davis-Hall@nasa.gov, or fax to 6-1740